

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A		
O.I.P.E. CLASSIFIER			8-13-01
FORMALITY REVIEW	A-S	943	8-16-1
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

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Claim	Date
Final	
Original	
1	10/13/01
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Claim	Date
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If more than 150 claims or 10 actions  
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